



DEPARTMENT OF HEALTH FOR SCOTLAND
SCOTTISH HEALTH SERVICES COUNCIL

The State Enrolled Assistant Nurse in the National Health Service

Report by the Standing Nursing and
Midwifery Advisory Committee



EDINBURGH: HER MAJESTY'S STATIONERY OFFICE
1955

SIXPENCE NET

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A. A. HUGHES—Secretary.

†Professor Burgess died in April, 1954.

The State Enrolled Assistant Nurse in the National Health Service

REPORT

1. The Standing Nursing and Midwifery Advisory Committee decided in April 1953 to review the field of work of the assistant nurse and her training and also to investigate a suggestion which had been made by the National Advisory Council on the Recruitment of Nurses and Midwives that it might be possible to institute part-time training arrangements for assistant nurses. They therefore set up a Sub-Committee consisting partly of their own membership and partly of other persons, with the following terms of reference :—

“ To consider the present training, training facilities, employment, promotion prospects and title of the enrolled assistant nurse in the National Health Service and to make recommendations, in particular in regard to part-time training.”

The Report of the Sub-Committee which follows was adopted by the Standing Nursing Committee and was forwarded by the Scottish Health Services Council to the Secretary of State.

2. The Sub-Committee met on seven occasions and sought evidence from the following bodies :—

Royal College of Nursing (Scottish Board)
Royal College of Midwives (Scottish Council)
National Association of State Enrolled Assistant Nurses
Queen's Institute of District Nursing (Scottish Branch)
Association of Scottish Hospital Matrons.

The evidence given by these bodies was presented orally at meetings of the Sub-Committee and was based largely on a Questionnaire which had previously been circulated to them. The Sub-Committee also received written evidence from the five Regional Nurse-Training Committees.

3. A Sub-Committee had also been set up in England with similar terms of reference and since it was considered advisable for the two Committees to keep in touch an observer was nominated from each Committee to attend the meetings of the other.

Historical

4. In considering the assistant nurse problem in Scotland it is necessary to re-state the history of the development of the assistant nurse grade, since this has an important bearing on its present position. Assistant nurses existed before the war, but during the war the need to provide a status and training for the many persons who had then done considerable service in the wards of hospitals became an urgent problem. At that time there was no statutory grade into which they could be enrolled which would give them some standing among the nurses in the hospitals. The Nurses (Scotland) Act of 1943 therefore made provision for the establishment of a grade to be known as the State Enrolled Assistant Nurse. In view of the adverse recommendation of the Alness Committee and the opposition of some nursing opinion to the permanent establishment of such a grade this provision was made in the first instance only for a period of five years to allow time for the persons who had entered the hospital service in war to qualify for entry to this grade. There was, however,

no arrangement at that time to continue the grade beyond the period of five years.

5. At the end of the war, however, it became clear that the assistant nurse grade was likely to become a permanent feature of the nursing service in many hospitals and particularly in the chronic sick hospitals. The members of the grade had shown that they could perform a very useful function in the hospital under the supervision of the registered general nurse and that with the post-war expansion of hospital facilities it was no longer possible to rely on registered general nurses to fill all the nursing posts available in the country. The nursing profession itself, which had to some extent resisted what was regarded as dilution, became convinced that there was a definite place for a second grade of nurse in the nursing team and in 1948, therefore, the decision was taken to make the grade a permanent one.

6. Meanwhile, however, a good deal of harm may have been done since the apparent impermanence of the grade had deterred suitable people from taking the training. One school had been approved in 1948, but there was no great pressure to establish additional assistant nurse training schools, and there are, in fact, only four schools in Scotland now. Then again, since it was found necessary to allow many persons who had acquired experience in hospitals during the war, but who had had no formal training, to enter the grade by virtue of experience only, those members of the grade who had been trained felt that there was no recompense to them for having done their training. It may also be true that the lack of a uniform standard of training among such persons prejudiced the principal hospitals against employing assistant nurses, and this would affect recruitment. Entry to the grade by virtue of experience only was terminated in December, 1948, and since then the only persons whose names have been put on the Roll are those who have taken the necessary training and passed the necessary examinations. This picture differs considerably from the English one where the grade, without statutory backing, had been accepted as a permanent one some years earlier, even before 1939, and where there has since been a greater drive to recruit members of this grade.

7. The Sub-Committee have no doubt whatever that there is a permanent place for the assistant nurse in the nursing profession because (i) there are types of work which do not require the full training of the registered nurse for their performance, (ii) it is necessary to provide for those persons who can be formed into valuable practical nurses but who have no aptitude for the theoretical training of the registered nurse, and (iii) there is no possibility of recruiting sufficient persons to fill all the nursing posts in the hospital service from the ranks of the registered nurse.

Training Schools

8. There are at present four training schools for assistant nurses in Scotland which are approved by the General Nursing Council. They are as follows :—

- (1) Morningfield Hospital, Aberdeen—complete training school.
- (2) Roodlands Hospital, Haddington, with Belhaven Hospital, Dunbar—component group training schools.
- (3) Border hospitals—component group training schools.
- (4) Broomhill and Lanfine Homes, Kirkintilloch—complete training school.

There are also at present proposals for the establishment of assistant nurse training schools at Foresthall Hospital in Glasgow, and at Brechin Infirmary.

Assistant Nurse Statistics

9. The following tables show the number of enrolments of assistant nurses in Scotland and the present numbers employed in health services in Scotland :—

TABLE I
Number of Assistant Nurses enrolled and in training

	Total enrolments	No. on Roll at 31st Dec.	No. of pupils admitted to training	No. of pupils completing training	Enrolments by examination
1945	1041	1041			
1946	1498	2709			
1947	633	3185			
1948	499	3499			
1949	230	3534	38		
1950	7	3331	59	8	3
1951	36	3210	53	22	22
1952	31	2996	46	24	28

It should be noted that the significant drop in the numbers admitted to the Roll since 1949 is due to the closing of the Roll to persons who were entitled to enter by virtue of experience only. The first examination was held in November, 1950.

TABLE II
Number of Assistant Nurses employed in the National Health Service in Scotland at 31.3.53

	Enrolled Assistant Nurses Full-time	Part-time	Pupil Assistant Nurses
(1) In hospitals administered by Regional Hospital Boards	809	429	93
(2) In hospitals not administered by Regional Hospital Boards	130	14	—
(3) In Health Visiting and other Public Health work	6	—	—
(4) In Day and Residential nurseries ...	30	3	—
	<hr/> 975	<hr/> 446	<hr/> 93
<i>Note:</i> The number of male assistant nurses in (1) and (2) above is ...	<hr/> 165	<hr/> 2	<hr/> 4

Training

10. The principal rules governing the training of assistant nurses are as follows. The minimum age for admission to training is 18 years. To qualify for admission to examination, a candidate must have undergone in a Preliminary Training School a period of training of not less than four consecutive weeks and, since attaining the age of 18, have undergone an overall course of training as prescribed, over a period of at least two years, of which not less than one year has been spent in the nursing of the chronic sick.

11. Candidates for admission to the Roll must be at least 21 years of age, and must have completed a course of training as prescribed and passed the prescribed examination.

12. The Sub-Committee considered a proposal that the period of training for assistant nurses should be reduced to one year. This recommendation had been made by the Matrons' Association in their evidence to the Committee because they felt that if the amount of time required for training were so reduced more recruits would be obtained, many of the existing nursing auxiliaries might be induced to take the training and a proportion of those who would have entered in future as nursing auxiliaries might be attracted to the training. They hoped thereby that it would be possible in the foreseeable future to eliminate the grade of nursing auxiliary entirely and confine the nursing of hospital patients to only two grades—the registered nurse, the enrolled assistant nurse, and those in training for these grades. All other persons engaged in work in the wards would be in the domestic grades. They and the Queen's Institute suggested that in order to safeguard the position of those assistant nurses who had taken the two-year training and in order to provide an incentive for assistant nurses who had only taken one year's training there might well be established two tiers in the grade of assistant nurse, comparable in some ways

to the class I and II grades in the nursing assistant grade in mental hospitals. Assistant nurses who had taken a year's training could either stay at that point or go on to take a further year's training in a special field, to qualify for the superior grade. The Sub-Committee considered this recommendation but felt that while the objectives of the recommendation were desirable its effect would be to depress the status of the assistant nurse grade and to make it less attractive to the good type of recruit. They also felt that it would be difficult to induce many of the present nursing auxiliaries or the future potential nursing auxiliaries to take any kind of formal training extending over one year.

13. Some witnesses also stated that there was not sufficient distinction between the training for the Register and the training for the Roll. The Sub-Committee feel, however, that the present syllabus should not be modified. In practice the standard required is a matter of interpretation of the syllabus and although some training schools appear to demand too much in the way of theoretical study from their pupil assistant nurses this difficulty is not inherent in the syllabus. The present duration of the preliminary training course, viz. four weeks, is also considered to be satisfactory and no change is recommended.

14. The Sub-Committee agree, however, with the view which has been expressed by some of the bodies which gave evidence, that the requirement of one year's service in chronic sick nursing for the trainee assistant nurse is excessive. There is a good deal of feeling that this requirement acts as a serious deterrent to young persons who are considering entering the assistant nurse grade. There seems to be no particular merit in relation to the grade in this requirement except that their prospects of doing work above the average assistant nurse level are probably better in this field than in any other. The Sub-Committee have, of course, kept in view that the staffing requirements of the chronic sick hospitals must be met and that the present requirement has assisted this problem considerably. They do not feel, however, that it is justifiable to prejudice the future of the grade because of this need and they feel that the staffing requirements of these hospitals may be more adequately met by encouraging a greater number of assistant nurses to take their training on a broader basis. Many of them may return to chronic sick nursing as qualified assistant nurses. The Sub-Committee recommend, therefore, that the General Nursing Council should be invited to consider whether the present requirement should be reduced to six months in chronic sick nursing.

Training facilities

15. Although some of the evidence given to the Sub-Committee implied that the present training facilities in a purely technical sense which were available in assistant nurse training schools were not of a high standard, they do not feel that this view can be supported. The General Nursing Council apply high standards to all those schools which have been approved by them as assistant nurse training schools and there is no reason to believe that the schools have fallen below this standard. The Committee agree, however, that assistant nurse training schools should do everything they can to ensure that their facilities are in relation to their needs, as far as possible comparable with those offered in training schools for registered nurses, since unfavourable comparisons between the two can have a marked effect on recruitment.

Training Schools

16. The list of training schools at present in existence in Scotland has already been given in paragraph 8. The Committee consider this provision inadequate to meet the need for the supply of assistant nurses to hospitals. It appears to be the case that most pupil assistant nurses are drawn from persons who are unwilling to go away from their home areas to take training. There is no requirement that the assistant nurse should live in during her training and this

encourages the tendency for assistant nurses to be recruited from girls living within the locality of the hospital. The Sub-Committee feel that there must be a fair number of persons in the cities and other areas whose needs are not being met by the present facilities. They recommend, therefore, that additional assistant nurse training schools should be established in areas such as Brechin, Caithness, Edinburgh, Glasgow, Motherwell, Coatbridge, and Oban. At the same time it should be noted that some of the existing assistant nurse training schools draw some of their recruits from the cities, e.g. the Borders hospitals. It seems unlikely that these recruits would continue to go to an outlying area if they were able to take training near their own homes. This may create difficulty for an outlying school which is already short of pupils.

Selection of recruits and examinations

17. The Sub-Committee had no evidence presented to them that the present quality of the assistant nurse grade implied that selection of recruits was not discriminating and they feel that however great the need to build up this grade there should be no lowering of standards for admission to training. Equally, they consider that the present standards required in examinations are adequate and should be maintained.

Age of enrolment

18. One of the points which does affect assistant nurse training, although not strictly concerned with 'training facilities', is the fact that she cannot be enrolled until she is 21, although she may enter for the examination at the age of 20. The result of these two provisions is that many girls having entered training at age 18 have passed the necessary examinations by the time they are a little over 20 but cannot be enrolled and therefore cannot draw full assistant nurse salary until they are 21. In this matter Scotland differs from England, where the assistant nurse can be enrolled at age 20. There was a good deal of evidence that this creates a sense of grievance among assistant nurses and since the assistant nurse is a person who works essentially under supervision of a registered nurse there seems no reason to hold that she should not be allowed to be enrolled until she has reached the age of 21. The Sub-Committee recommend, therefore, that the General Nursing Council should review their present rule on this subject with a view to allowing the assistant nurse to become enrolled immediately on passing the necessary examinations.

Part-time training

19. The Sub-Committee considered very carefully the possibility of introducing part-time training for assistant nurses in view of the comments made on the subject by the National Advisory Council on the Recruitment of Nurses and Midwives. They appreciate the Council's desire to seek new recruits to nursing from all available sources and while they see no objection in principle to the establishment of part-time training, on the basis that the trainee would do the same number of hours of training as the normal recruit, they do see great practical difficulties in the establishment of such a system in a hospital. If a number of recruits doing part-time training at different times and for comparatively short periods each day are to be given the requisite experience the practical difficulty of drawing up a time-table and arranging for their placing in the different wards of hospitals would tend to make the system unworkable. Again, in the experience of the persons who gave evidence and of the members of the Sub-Committee, there was no great demand for the introduction of such a system involving training over a period of up to three years. It may be that there are some women who, for reasons of family commitments, have not been able to take up full-time training and would now like to train on a part-time basis. Many of these people, however, who are enthusiastic about nursing would have become nursing auxiliaries, and there is no evidence among nursing

auxiliaries that they would be willing to undertake formal training. Indeed, some of the Matrons felt that if it was suggested to the nursing auxiliaries that they should take formal training over a long period then the result would be the resignation of the auxiliaries. The Sub-Committee has already made recommendations affecting the extension of the present training facilities for assistant nurses, and they hope that these will assist recruitment. They consider, however, that if any training school is willing to try an experiment on a part-time basis, and the General Nursing Council are prepared to make the necessary adjustments in their Rules, some valuable information as to its possibilities might be obtained. The part-time pupil assistant nurse should be required to work not less than 32 hours per week and to take her share of all the different periods of duty. The full course should not be longer than three years.

Training for the Register

20. The Sub-Committee also considered the opportunities available to assistant nurses to train for the Register. Contrary to fairly general expectations at the time that the assistant nurse grade was established, the result of its introduction has not been to attract student general nurses away from their training to the shorter training of the assistant nurse. If anything, the contrary has been the case, and many enrolled assistant nurses, having got over the hurdles of assistant nurse training, have decided to take general training and have been successful in doing so. The point was made, however, by the Association of State Enrolled Assistant Nurses that some assistant nurses, particularly males, who were married and had dependants, while they might want to go on to take general training, felt financially unable to do so, since during their training they could only be paid the allowance applicable to the post-registration student nurse which is lower than the salary of the state enrolled assistant nurse. They suggested, therefore, that some system of dependants' allowances for enrolled assistant nurses training for the Register might be introduced. The Sub-Committee considered this sympathetically, but they did not feel that a special case could be made out for enrolled assistant nurses drawing special allowances during a post-registration training which were not available to other nurses. They felt, therefore, that this question should only be considered in relation to nurses generally and not particularly in relation to assistant nurses.

Fields of employment

21. The Sub-Committee considered the possibilities of employing the assistant nurse in all the different fields of nursing and they came to the conclusion that provided she worked under adequate supervision there was none from which the assistant nurse need be excluded. They felt, on the contrary, that there was a definite place for the assistant nurse as a member of the nursing team in all forms of nursing and that it was a pity that up to now this had not been fully recognised. In some cases it might be that the assistant nurse would require some special instruction in the techniques particularly appropriate to one or other of the special fields of nursing but this could be done simply by providing special in-service training. In this connection, the Committee were informed that the Queen's Institute of District Nursing in England employed assistant nurses on district work after they had taken a special training of two months' duration provided by the Queen's Institute specifically for them. No such provision exists in Scotland, and mainly due to the general shortage of assistant nurses the Queen's Institute in Scotland have not up to now employed them on district work. The Sub-Committee recommend, therefore, that if more assistant nurses become available the Queen's Institute in Scotland should consider the establishment of a course on similar lines to the English one.

Seniority of student nurses

22. A further point considered by the Sub-Committee in relation to employment which seems to cause a certain sense of grievance among enrolled assistant nurses was the question of seniority vis-a-vis student nurses. There is no rule as such dealing with this question but the practice in many hospitals had been to regard the second and third year student nurses as automatically senior to enrolled assistant nurses working in the same wards. This practice is defended on the grounds that in training student nurses it is necessary gradually to teach them to take responsibility and if a competent and experienced assistant nurse is available then the temptation to allow her to take the responsibility is likely to react against the student nurse's training. While there may be something to be said for this, the Sub-Committee hope that this practice can be administered with discretion. Clearly the best solution is to arrange the work in any particular ward so that the two types of nurse do not work side by side. Where it is necessary for them to do so it should be left to the Matron to make suitable arrangements in individual cases, having due regard to the need to train student nurses and also to the experience of the assistant nurse concerned. The Matron should not feel in any way bound to apply a seniority rule which, in the wrong hands, can be used in an unfortunate way. As regards those hospitals which are receiving student nurses for short periods on secondment the Sub-Committee hope that this practice will not be applied at all since it would be very unfair to the experienced assistant nurses on the staff of these specialised hospitals.

Assistant nurses in mental hospitals

23. The Sub-Committee discussed the possible extension of the assistant nurse grade to mental hospitals. Since the question of training for nursing assistants, however, was recently dealt with in the Report of the Committee on Nursing Staffs in Mental Hospitals they felt that it would be preferable to await the outcome of these recommendations before suggesting that an assistant nurse grade of mental nurses should be created.

Promotion prospects

24. The Sub-Committee considered the promotion prospects of the assistant nurse. At present state enrolled assistant nurses must necessarily stay in the same grade for the rest of their nursing careers, and cannot by virtue of experience or seniority ever replace the state registered nurse. In some hospitals, however, by virtue of experience and competence they are employed in positions which would normally be held by staff nurses. There is a shortage of staff nurses generally and this is particularly acute in the chronic sick hospitals in which many of the assistant nurses work. If an assistant nurse holds a supervisory post for three months or more for which a registered nurse is not available she becomes entitled to a responsibility allowance of £10 per annum and continues to draw this so long as she holds the appropriate responsibility. The number of assistant nurses holding such posts in Scotland, however, is limited.

The Sub-Committee feel that the present prospects cannot have a good effect on the recruitment of suitable girls to the assistant nurse grade. They consider that it should be possible for the good assistant nurse to achieve some mark of distinction and recommend, therefore, that a new grade called the "senior assistant nurse" should be created who would hold posts equivalent to staff nurse in suitable hospitals. They should hold these in their own right and not because a registered nurse cannot be found. The senior assistant nurse, however, would hold this grading and the appropriate salary only so long as she held one of the appropriate posts. She should not carry the grading from hospital to hospital regardless of the post that she occupied. The Whitley Council should be invited to consider a salary scale for the grade. The Sub-Committee would have liked to recommend that the title "staff assistant

nurse " should be used in this connection in the same way as for general nurses. There is, however, the danger of causing confusion in a hospital where there are also staff nurses who are registered general nurses.

Title

25. The Sub-Committee were asked to consider the present title of the assistant nurse grade. There was difference of opinion among those who gave evidence on this subject. The Association of State Enrolled Assistant Nurses held very strongly that the present title was a deterrent to recruitment. They felt that the word " assistant " implied a permanent inferiority to the registered general nurse which made the grade unattractive to many excellent potential recruits. They suggested that the word " assistant " should be dropped from the title which would then become " state enrolled nurse ". Having considered this matter the Sub-Committee did not feel that the evidence presented to them indicated that the present title was a real deterrent to recruits. While they agreed that there might be some dislike of the name among the existing members of the grade they felt that this was a diminishing feature and they agreed that a renaming of the grade as suggested might cause confusion with the English title of " state registered nurse ". They decided, therefore, to recommend that no change should be made in the present statutory title of the grade.

Publicity

26. As part of their general consideration of matters affecting the assistant nurse the Sub-Committee agreed that the publicity given to the grade at present was entirely inadequate. They recommend, therefore, that coincidental with the establishment of additional training schools there should be a considerable increase in the publicity, direct and indirect, given to the assistant nurse grade, and that Matrons of training hospitals for the Register particularly should have their attention drawn to the need for recruits to this grade. In the nature of things, Matrons of training schools have to turn down many applicants who are not regarded as having the necessary ability to pass the examinations for the General Register. The Sub-Committee suggest that all such potential recruits should have their attention drawn to the existence of the assistant nurse grade.

Salaries of Matrons of training schools

27. Among other matters, the Sub-Committee had their attention drawn to differences in the salaries payable to Matrons of training schools for the Register and Matrons of assistant nurse training schools. The implication of this difference is that if a hospital at present training for the Register is changed to a hospital for training assistant nurses the Matron would suffer a decrease in salary. The number of general training schools in Scotland is more than adequate to present needs and if in future some of these consider turning to assistant nurse training it would be unfortunate if such change were resisted partly on the grounds that the Matrons would suffer a loss in salary. While this whole question is outside the Sub-Committee's terms of reference and there may be other complicating factors they feel that the implications of the present salary provisions should be re-examined. If assistant nurses are vital to the future of the nursing services then anything which prejudices a grade which is already suffering in some ways from a feeling of inferiority should be re-examined.

General

28. While the Sub-Committee have made no radical recommendations about the training and employment of assistant nurses they do feel that part of the solution to the present problems of nursing in the hospitals lies in the development of the assistant nurse grade. The nursing profession as a whole are not

happy about the present situation in which some nursing is done by persons who have had no training at all. They would like to see the nursing auxiliary grade decrease as far as possible and disappear if suitable replacements can be found among persons who are prepared to take limited forms of training. It is their hope, therefore, that everything will be done by hospital authorities to encourage the growth of the assistant nurse grade. Meanwhile, they recommend that in-service training should be begun for nursing auxiliaries. The difficulties of undertaking such training are apparent but apart from the instruction which can be given by the permanent staff of the hospital it may be possible to employ peripatetic tutors in some areas to go round the hospitals to undertake some parts of this training. One of the results of such a system might be to encourage some nursing auxiliaries to go on to formal assistant nurse training if the facilities are readily available to them near their homes. If this does not result, at least the position might be established by which no person undertaking nursing duties for patients in hospital wards had not received some formal instruction in her duties.

29. Summary of Recommendations

(1) LENGTH OF COURSE

The length of the present course is justified and no change should be made (paragraph 12).

(2) PRESENT SYLLABUS

No change should be made in the present syllabus (paragraph 13).

(3) TRAINING IN CHRONIC SICK NURSING

The General Nursing Council should be invited to consider whether the present requirement of one year in chronic sick nursing during the assistant nurse's training should be reduced to six months (paragraph 14).

(4) TRAINING FACILITIES

Assistant nurse training schools should ensure that their facilities are as good as possible in order to avoid unfavourable comparisons between themselves and training schools for registered nurses (paragraph 15).

(5) ESTABLISHMENT OF ADDITIONAL TRAINING SCHOOLS

Additional assistant nurse training schools should be established in areas such as Brechin, Caithness, Edinburgh, Glasgow, Motherwell, Coatbridge, and Oban (paragraph 16).

(6) SELECTION OF RECRUITS

Despite the considerable need for additional recruits there should be no lowering of standards either in recruitment or in examinations (paragraph 17).

(7) AGE OF ENROLMENT

The General Nursing Council should be invited to review the rule which fixes the minimum age of enrolment for assistant nurses at 21, and to consider whether, as in England, the minimum could be altered to age 20 (paragraph 18).

(8) PART-TIME TRAINING

In view of the difficulties of operating the system, while there is no objection in principle to the provision of part-time training, the Sub-Committee recommend that for the present, at most only limited experiments should be introduced. The part-time pupil assistant nurse should be required to work not less than 32 hours per week in a course which should not extend over more than three years (paragraph 19).

(9) TRAINING FOR THE REGISTER

A special case cannot be made out for payment of special allowances to enrolled assistant nurses during post-registration training and this question should only be considered in relation to nurses generally (paragraph 20).

(10) EMPLOYMENT

Provided the assistant nurse works under adequate supervision, there is a place for the assistant nurse as a member of the nursing team in all forms of nursing.

The Queen's Institute in Scotland should consider whether, if the supply of assistant nurses improves, they can institute a course of training for their work similar to that provided in England for assistant nurses (paragraph 21).

(11) SENIORITY OF STUDENT NURSES

Where it is necessary to employ assistant nurses and student nurses in the same ward the Matron should make suitable arrangements on the seniority question, having regard to the need to train student nurses and to the experience of the individual assistant nurse concerned (paragraph 22).

(12) PROMOTION PROSPECTS

A new grade called the "senior assistant nurse" should be created who would hold posts equivalent to staff nurse in suitable hospitals. The senior assistant nurse would hold this grading and the appropriate salary only so long as she held one of the appropriate posts. The Whitley Council should be invited to consider a salary scale for the grade (paragraph 24).

(13) TITLE

No change should be made in the present title of the State Enrolled Assistant Nurse (paragraph 25).

(14) PUBLICITY

There should be a considerable increase in the publicity given to the assistant nurse grade and Matrons of training hospitals for the Register should encourage applicants whom they are unable to accept, to take this training (paragraph 26).

(15) SALARIES OF MATRONS OF TRAINING SCHOOLS

The implications of the present salary provisions by which the Matron of an assistant nurse training school is paid less than a Matron of a training school for the Register should be re-examined in view of the possible effect both on the grade itself and on the establishment of new assistant nurse training schools (paragraph 27).

(16) NURSING AUXILIARIES

Until the assistant nurse grade has grown sufficiently to eliminate the need for nursing auxiliaries some in-service training should be given to nursing auxiliaries, if possible by employing peripatetic tutors (paragraph 28).

On behalf of the Sub-Committee,

E. G. MANNERS (*Chairman*).

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